County: Brown
BROWN COUNTY HEALTH CARE CENTER
2900 ST ANTHONY DRIVE
GREEN BAY 54311 Pho GREEN BAY 54311 Phone: (920) 391-4700
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 95
Total Licensed Bed Capacity (12/31/00): 104
Number of Residents on 12/31/00: 88 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No No Average Daily Census: 90

| Services Provided to Non-Residents | Age, Sex, and Primary Diagn | Length of Stay (12/31/00 |) % | | | | |
|---------------------------------------------------|-----------------------------|----------------------------|--------|----------------|-----------|---------------------------------|----------------------------------------|
| Home Health Care Supp. Home Care-Personal Care | No No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year 1 - 4 Years | 23. 9 38. 6 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 3.4 | Under 65 | 34. 1 | More Than 4 Years | 37. 5 |
| Day Servi ces | No | Mental Illness (Org./Psy) | 36. 4 | 65 - 74 | 20. 5 | | |
| Respite Care | No | Mental Illness (Other) | 47.7 | 75 - 84 | 29. 5 | | 100. 0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 1. 1 | 85 - 94 | 14.8 | *************** | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & 0ver | 1. 1 | Full-Time Equivale | |
| Congregate Meals | No | Cancer | 0.0 | | | Nursing Staff per 100 F | esi dents |
| Home Delivered Meals | No | Fractures | 0.0 | | 100. 0 | (12/31/00) | |
| Other Meals | No | Cardi ovascul ar | 0.0 | 65 & 0ver | 65. 9 | | |
| Transportation | No | Cerebrovascul ar | 1. 1 | | | RNs | 9. 5 |
| Referral Service | No | Di abetes | 5. 7 | Sex | % | LPNs | 12. 8 |
| Other Services | No | Respi ratory | 0. 0 | | | Nursing Assistants | |
| Provi de Day Programming for | | Other Medical Conditions | 4. 5 | Male | 38. 6 | Aides & Orderlies | 41. 2 |
| Mentally Ill | No | | | Female | 61. 4 | | |
| Provi de Day Programming for | | | 100. 0 | | | | |
| Developmentally Disabled | No | | *** | | 100.0 | | ************************************** |

Method of Reimbursement

| | | Medica (Title | | | Medic (Title | | | 0th | er | Pı | rivate | Pay | | Manageo | d Care | | Percent |
|------------------------|------|------------------|----------------|-------------|-----------------|----------------|-----|------|----------------|-----|--------|----------------|-----|---------|----------------|-------|------------|
| | | | Per Die | m | | Per Die | m | | Per Diem | 1 | | Per Diem | ı | Ŭ | Per Diem | Total | Of All |
| Level of Care | No. | % | Rate | No. | % | Rate | No. | % | Rate | No. | % | Rate | No. | % | Rate | No. | Resi dents |
| Int. Skilled Care | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0 | \$0.00 | 0 | 0. 0% |
| Skilled Care | Ŏ | 0. 0 | \$0.00 | 70 | 88. 6 | \$100. 54 | Ŏ | 0. 0 | \$0.00 | 7 | 77. 8 | \$170.00 | Ŏ | 0. 0 | \$0.00 | 77 | 87. 5% |
| Intermediate | | | | 9 | 11.4 | \$70.92 | 0 | 0. 0 | \$0.00 | 2 | 22. 2 | \$140.00 | 0 | 0. 0 | \$0.00 | 11 | 12. 5% |
| Limited Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Personal Care | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Residential Care | | | | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Dev. Di sabl ed | | | | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Traumatic Brain Inj | | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0% |
| Venti l ator- Depender | nt O | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0. 00 | 0 | 0.0 | \$0.00 | 0 | 0.0 | \$0. 00 | 0 | 0.0% |
| Total | 0 | 0. 0 | | 79 1 | 100.0 | | 0 | 0.0 | | 9 | 100.0 | | 0 | 0.0 | | 88 | 100.0% |

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 3. 1 Private Home/With Home Health 3. 1 Baťhi ng **0.** 0 65.9 34. 1 88 Other Nursing Homes 25.0 Dressi ng 14.8 69.3 15. 9 88 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 60.2 29. 5 88 34. 4 10. 2 88 27.3 53.4 34. 4 Toilet Use 19.3 20. 5 70.5 88 0.0 Eating 9. 1 Other Locations 0.0 Total Number of Admissions 32 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 1. 1 1. 1 Private Home/No Home Health 8.6 Occ/Freq. Incontinent of Bladder 48.9 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 35. 2 0.0 Other Nursing Homes 5. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 2.9 Mobility 2. 3 Physically Restrained 5.7 2.9 **50.0** 0.0 Other Locations 25.7 Skin Care Other Resident Characteristics Deaths 54.3 With Pressure Sores 1. 1 Have Advance Directives 78. 4 Total Number of Discharges With Rashes Medi cati ons 8.0 Receiving Psychoactive Drugs (Including Deaths) 86. 4

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

| | Thi s | Other Hospit | | Al l |
|------------------------------------------------------|----------|---------------|----------|---------|
| | Facility | Based Facilit | ies Fa | cilties |
| | % | % Rati | | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 86. 5 | 87. 5 0. 9 | 9 84. 5 | 1.02 |
| Current Residents from In-County | 86. 4 | 83.6 1.0 | 3 77. 5 | 1. 11 |
| Admissions from In-County, Still Residing | 59. 4 | 14. 5 4. 1 | 0 21.5 | 2. 76 |
| Admi ssi ons/Average Dai ly Census | 35. 6 | 194. 5 0. 1 | 8 124. 3 | 0. 29 |
| Discharges/Average Daily Census | 38. 9 | 199. 6 0. 1 | 9 126. 1 | 0.31 |
| Discharges To Private Residence/Average Daily Census | 3. 3 | 102. 6 0. 0 | 3 49.9 | 0.07 |
| Residents Receiving Skilled Care | 87. 5 | 91. 2 0. 9 | 6 83.3 | 1.05 |
| Residents Aged 65 and Older | 65. 9 | 91. 8 0. 7 | 2 87. 7 | 0. 75 |
| Title 19 (Medicaid) Funded Residents | 89. 8 | 66. 7 1. 3 | 5 69. 0 | 1. 30 |
| Private Pay Funded Residents | 10. 2 | 23. 3 0. 4 | 4 22.6 | 0.45 |
| Developmentally Disabled Residents | 3. 4 | 1.4 2.4 | 9 7.6 | 0.45 |
| Mentally Ill Residents | 84. 1 | 30.6 2.7 | 5 33.3 | 2. 52 |
| General Medical Service Residents | 4. 5 | 19. 2 0. 2 | 4 18. 4 | 0. 25 |
| Impaired ADL (Mean)* | 46. 8 | 51. 6 0. 9 | 1 49. 4 | 0. 95 |
| Psychological Problems | 86. 4 | 52. 8 1. 6 | 4 50. 1 | 1. 72 |
| Nursing Care Required (Mean)* | 7. 8 | 7.8 1.0 | 0 7. 2 | 1.09 |